



STATE
OF
GEORGIA

Application for RECORDS DISPOSITION STANDARD

313-16
OFFICE OF SECRETARY OF STATE
DEPARTMENT OF ARCHIVES & HISTORY
RECORDS MANAGEMENT DIVISION

PAGE
1

1. Application Date		INSTRUCTIONS: See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.		FOR RECORDS MANAGEMENT DIVISION USE Date Received Application No. Date Completed MAY 17 1973 73-364 MAY 18 1973	
2. Agency Application No. 73-21		3. AGENCY, Division, Subdivision & Administering Office Address Georgia Department of Public Safety Drivers Services Section (Uniform Division) 959 E. Confederate Ave. Atlanta, Georgia 30301		4. Person to Contact Lucy Ellison	
				5. Working Title Clerk III	6. Tel. No. 656-6154
7. ACTION REQUESTED <input checked="" type="checkbox"/> ESTABLISH DISPOSITION STANDARD; RECORD WILL CONTINUE TO ACCUMULATE. <input type="checkbox"/> DISPOSE OF PRESENT ACCUMULATION; NO FURTHER ACCUMULATION ANTICIPATED.					
8. Earliest & Latest Dates of Series 1972-1973		9. Exact Series Title Accident Report Copy Request File			
10. What is the function of the office in which this record series is created? The Uniform Division is responsible for the patrol of streets and highways of this state to insure the safety of lives, injuries and property, to investigate motor vehicle accidents, to be available for civil disorders or natural disasters, licenseing of citizens to operate motor vehicles, suspension or revocation of license, accident investigation and computation of related statistics, supervises motor vehicle inspection records and distribution of motor vehicle inspection stickers and other documents and insure the safety of the Governor of the State of Georgia and his family.					
11. This file contains the following documents. (include form numbers and titles, if any, and file arrangement). Documents relate to Accident Reports usually requested by insurance company, attorney or adjusting service. Included are request for accident report and Form DPS-15 (If unable to comply with request.) File arranged alphabetically by company or individual's name.					
ATTACH SAMPLES OF THE FILE					
12. EQUIPMENT OCCUPIED		No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	
Letter-size File Drawers		4	6	2 3	
Legal-size File Drawers				In Office(s) In Storage Area(s)	
				6 ft.	
				This Year's	Last Year's
				Preceding Year's	All Prior Years
				AVERAGE DAILY REFERENCES	2 or 3 times 1 time

QUESTIONNAIRE Place an "x" in the proper column. If answer is "YES," please explain

- | | YES | NO |
|---|-------------------------------------|-------------------------------------|
| 13. Is this the Record Copy of the series? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is there a duplication of this series in another office or agency? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. Is the information contained in this series ever summarized or published?
Attach copy of summary or publication. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. Does the series contain classified information requiring security handling? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. Does the series initiate, amend or terminate agency policies and procedures? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18. Could the function be performed if the files were lost or destroyed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 19. Is the series (or major portion of it) regularly microfilmed? If yes, why? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 20. Does the record series provide data as input to an EDP file? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 21. Does the record series contain documentation produced as EDP printout? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 22. Has the Federal Government issued instructions governing the retention/disposition of these files? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 23. Will there be a need for these records 10, 15 years from now? If yes, what? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

24. **REQUIREMENTS.** The following requires the files to be kept 1 years:

- a. ☐ STATE LAW b. ☐ STATUTE OF LIMITATION c. ☐ AUDIT PERIOD d. ☐ FEDERAL LAW e. ☒ ADMINISTRATIVE DECISION f. ☐ HISTORICAL VALUE
(Cite Law, Statute, or other reason for the retention requirement)

25. **AGENCY RECOMMENDATIONS.** This agency recommends that the file series be cut off at the end of each ☒ CALENDAR YEAR ☐ FISCAL YEAR ☐ OTHER _____, then:

- ☒ Hold in the current files area _____ month(s)/ 1 year(s):
☐ Transfer to ☐ State Records Center ☐ Local Holding Area; hold _____ year(s):
☒ Destroy.
☐ Transfer to State Archives for permanent retention.
☐ Destroy immediately after cut-off.
☐ Other: (Specify)

If company fails to receive copy of Accident Report, request is needed to prove fee for copy has been paid. A new copy can then be issued to company without additional fee.

(Indicate briefly rationale for recommendations above/or write additional remarks):

() Concur () Nonconcur

[Signature]
Signature Director Drivers Services

Records Management Officer (Signature)	Date	OTHER REQUIRED SIGNATURES	DATE
<i>[Signature]</i>	April 28, 1973		
26. Recommendations in paragraph 25 are:	Agency Head/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>[Signature]</i>	5-1-73
	State Auditor/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>[Signature]</i>	5-17-73
	Secretary of State/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>[Signature]</i>	5-15-73
	Attorney General/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>[Signature]</i>	5-12-73

**STATE RECORDS
COMMITTEE**